



PUBLIC BUDGET REQUEST FORM

[Unless requested, the information on this document will be included on a public agenda]

A. CONTACT INFORMATION

Name (or Organization):

Mailing Address:

City:

Postal Code:

Primary Contact & Title:

Email:

Phone:

B. ORGANIZATION INFORMATION

(If you are not an organization making a request, proceed to section "C")

1. Is the organization a charitable or non-profit organization?

- Yes
- No

2. Is the organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, permits and zoning)?

- Yes
- No - If No, please explain:

3. Describe the goal(s) or purpose(s) of the organization:

4. Does the organization have a current contractual relationship with the City of Salmon Arm? i.e. Lease of City lands, Contract for service etc.
- No
 - Yes - If Yes, please identify the agreement(s):

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5. Has the organization received grants from the City of Salmon Arm in the last 3 years? i.e. Grant-in-Lieu, Tax Exemption, Annual Grant
- No
 - Yes - If Yes, please indicate the following:

YEAR	TYPE OF GRANT	AMOUNT

6. Has additional funding for the request been secured?
- No
 - Yes - If Yes, please indicate the following:

NAME OF INDIVIDUAL OR ORGANIZATION	AMOUNT

7. List all Agencies to whom funding has been requested and note amount of request and status (approved, denied or pending) of application:

AGENCY	AMOUNT REQUESTED	DECISION

This information is being collected for the purpose of consideration for financial support. The City of Salmon Arm is collecting this information under s.26 (c) of the *Freedom of Information and Protection of Privacy Act*. For questions regarding the collection and use of personal information, please contact the Corporate Officer (250-803-4036).

8. Please demonstrate the organization's financial need by submitting a budget for your request, if applicable.
- Financial Budget

C. BUDGET REQUEST
(For individual and organizational requests)

9. Describe your budget request: Value (if known): \$ _____

10. Is your request operational or capital in nature?
- Operational (i.e. covers day-to-day activities required to deliver services)
 - Capital (i.e. long-term investments in infrastructure and facilitates)

11. Have you submitted this request before?
- No
 - Yes - If Yes, please indicate when:

D. AUTHORIZATION

Signature: *C. Forman*

Date:

Printed Name:

Position (if applicable):



SHUSWAP YOUTH SOCCER ASSOCIATION

351 3 St SW, Salmon Arm, BC V1E 1V4

PHONE 250.833.5607

www.shuswapsoccer.com

Little Mountain Rebound Wall Budget:

Revenue				
\$2,580.00	Shuswap Youth Soccer Association			
\$5,000.00	City of Salmon Arm			
\$1,000.00	Downtown Salmon Arm			
\$8,580.00				
Expenses				
\$6,800.00	Construction of Rebound Wall			
\$1,000.00	Visual Design (Paint, Vinyl, Advertisements)			
\$ 780.00	10% Contingency			
\$8,580.00				

Little Mountain Rebound Wall Concept:

